

Please type a plus sign (+) inside this box -> 4

PTD/SB/01 (10-00)

Approved for use through 10/31/2002. OMD DESTADDS

U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Papermork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid DMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Num	ber   P05147US0		
		First Named Inventor	HUNER, Norman		
		COMPLETE IF KNOWN			
		Application Number	09 / 830,193		
Declaration Submitted OR With Initial Filing Submitted OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Ø Cartaveta	Filing Date	April 23, 2001		
	Submitted after Initial	Group Art Unit			
	Examiner Name				

As a below named inventor, 1 h	ereby declare that:				
My residence, mailing address, a	nd citizenship are as su	ated below next to my na	me.		
I believe I am the original, first an names are listed below) of the su					
SOLAR RADIATION PRO	rection compos	מסודו		}	
the specification of which	(	Title of the Invention)		<del></del>	
is attached hereto OR		as United 5	itales Application	Number or PCT International	
Application Number 09/83		emended on (MM/DO/YY	m	(if applicable).	
) hereby state that I have reviews amended by any amendment spe	ed and understand the c	ontents of the above ide	•	in, including the claims, as	
l acknowledge the duty to disclos in-part applications, material info PCT international filing date of th	mation which became a	available between the fills	s defined in 37 Ct ong date of the pric	FR 1.56, including for continuation- of application and the national or	
I hereby claim foreign priority be certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	also identified below.	n which designated at lead to the box. A	est ane country a nov lareian applic	ther than the United States of states of states for natent or inventors	
Prior Foreign Application Number(s)	Country	Foreign Filling Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
.251.457	Canada	10/23/98	مممم	מממם	
☐ Additional foreign application	numbers are listed on a	supplemental priority da	12 Sheel PTO/SB	1028 attached hereto:	
I hereby claim the boncfit under 35 U.S.C. 118(e) of any United States provisional application(s) listed below.					
Application Number(s)	Filing Oat	e (MM/DO/YYYY)	numbers supplem	al provisional application are listed on a antal priority data sheet 1928, ahached hereto.	
	,				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the propos of the individual case. Any comments and the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Wishington, DC 20231. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Potents, Washington, DC 20231.





PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

# DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer No or Bar Code	1 2.7.13	85	o≈ 🗌	Correspondence ad	dress below	
Name							
Address							
Address							
City			State		ZIP		
		Telephone			Fax		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRS	ST INVENTOR	: I A	A petition	n has been	filed for this unsig	gned inventor	
Given Name (first and middle [if any])	Nom	nan	Family N		Huner		
Inventor's X None	and f				2 X and	pt 7/01	
Residence: City	London	Sharte	Ontario (	Country CA	Citizenship	Canadian	
Mailing Address 207 V	Vindsor Avenu	1e					
Mailing Address							
City London	State	Ontario	ZIP	N6C 2A5	Country	Сапада	
NAME OF SECOND INVE	NTOR:	7 7	] A petiti	on has been	filed for this uns	igned inventor	
Given Name (first and middle [if any])	Mari	ana ·	Family l		<u> K10l</u>		
inventor's X Muc	s'l	- A X			Sep. 7	01	
Residence: City	London (	State	Ontario	Country C	A Chizenship	Canadian	
Mailing Address 380 F	ox Avenue				<u> </u>		
Mailing Address							
city London	Starte	Ontario	ZIP	N6G 1H6	Country	Canada	
Additional inventors are being		1_supplemental Add		nor(s) sheer(s)	PTO/SB/02A attache	ed hereto.	



PTO/S2/02A (11-00)

Approved for use through 10/31/2002. OMB 0551-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no ocisions are required to respond to a collection of information unless it contains a valid DMB control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

	<del></del>				
Name of Additional Joint Inventor, if any	y: \	A petition has been f			
Given Name (first and middle (if any))	34	Family Na	מחזעל זם פחזב	eme	
Alexander					
Inventor's Signature	con	· · · · · · · · · · · · · · · · · · ·	0:	ate X 93 7'01	
Residence: City London /	State Ontario	Country / Canad	ia citi	zenship Canadian	
Mailing Address 100-40 Summit Ave	ກນe	A P			
Mailing Address	<u>,                                    </u>		,		
City London	State Ontario	ZIP N6H 4S3	Country	Canada	
Name of Additional Joint Inventor, if an	y:	A petition has been fi	led for this u	nsigned inventor	
Given Name (first and middle [if any]	)	Family N	lame or Surr	name	
Fathey				n	
Inventor's Signature			}	Date X	
Residence: City Laurent	State Quebe	c Country Can	ada }	Citizenship Canadian	
Mailing Address 3277 Achim St.					
Mailing Address	_				
City Laurent	State Queb	ec ZIP H4K IV	5 Count	Canada	
Name of Additional Joint Inventor, if a	ny:	A petition has been fi	led for this u	nsigned inventor	
Given Name (first and middle [if any	1)	Family Name or Surname			
Inventor's Signature				Data	
Residence: City	State	Country		Citizenshi <b>o</b>	
Mailing Address					
Mailing Address		}	}		
City	State	ZIP	} Cau	nutry	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Param and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

			-	

PTD/SB/D2A {17-U0}
Approved for use through 19/31/2002. OM8 0851-0032
U.S. Palent and Trademark Diffice: U.S. DEPARTMENT OF COMMERCE
One conection of information unless it convens as valid OM2 control number.

#### **DECLARATION**

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle fit any	<i>i</i> ))	Family Name or Sumame					
Alexander		{	lva	anov			
Inventor's Signature X				Date X			
Residence: City London	State Onta	τίο   Country	Canada	Citizenship Canadian			
Mailing Address	Mailing Address 100-40 Summit Avenue						
Mailing Address							
Cky London	State Onta	irio   Zip N	6H 4S3 Cou	ntry Canada			
Name of Additional Joint Inventor, if a	ny:	A petition	has been filed for	זסותפיתו לפתקופתט ולוו			
Given Name (first and milddle (il an	rl)	}	Family Name o	r Sumanne			
Fathey	0		S	arhan			
Inventor's X F. Signature X F.	Lu	٠	(	Dmc × 26/10/0/			
Residence: City Laurent	State Quel	bec Country	Canada	Citizenship Canadian			
Mailing Address 3277 Achim St. 7							
Mailing Address	J						
City Laurent	State Que	bec zip	H4K IV5	ountry Canada			
Name of Additional Joint Inventor, if a	ny:	A petition	has been liled for t	his unsigned invertor			
Given Name (first and middle (if any	1)	Family Name or Surname					
Inventor's Signature				Date			
Residence: City	State	Country		Citizenchiq			
Mailing Address							
Mailing Address							
City	State	ZIP	}	Cauntry			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will very depending upon the needs of the Individual case. Any comments on the amount of time you are required to complete this form should be sont to the Chief Information Officer, U.S. Patent and Tradement Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box +

PTO/SB/81 (10-00)
Approved for use through 10/31/2002, OMS 0851-0035
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of information unless it display a valid OMB control number.

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/830,193	
Filing Date	April 23, 2001	
First Named Inventor	HUNER, Norman	
Group Art Unit		
Examiner Name		
Attorney Docket Number	P05147US0	

I hereby appoint:				
Practitioners at Customer Number 22885  OR Practitioner(s) named below:	Place Custamer Number Bar Code Label here			
Name	Registration Number			
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office con	dentified above, and to transact all nected therewith.			
Please change the correspondence address for the above-identional Customer Number.  OR	ified application to:			
Firm or Individual Name				
Address				
Address				
City	State Zip Zip			
Country				
	Fax }			
l am the:  ✓ Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTC				
SIGNATURE of Applicant or Assigne	ee at Kecata			
Name Norman Huner				
Signature X W Man Thurse				
Date X Sept 07/04.				
NOTE: Signatures of all the inventors or assignees of record of the entire interest of forms if more than one signature is required, see below.	or their representative(s) are required. Submit multiple			
✓ Total of4forms are submitted.				

Burdon Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any commants and the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S., Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

PTD/98/81 (10-00)

Approved for use through 10/31/2002, OME 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/830,193
Filing Date	April 23, 2001
First Named Inventor	HUNER, Norman
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05147US0

I hereby appoint:					
Practitioners at Customer Number 22885  OR Practitioner(s) named below:	Place Customer Number Bar Code Label here				
Name	Registration Number				
Warie	Tregramation Transac				
as my/our attorney(s) or agent(s) to prosecute the application id business in the United States Patent and Trademark Office cond					
Please change the correspondence address for the above-identiful.  The above-mentioned Customer Number.  OR	fied application to:				
Firm or					
Individual Name					
Address					
Address City S	State Zip				
Country	State ( Z-iv )				
	Fax \				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTC					
SIGNATURE of Applicant or Assigne	ee of Record				
Name Mariana Krol					
Signature × Mlwoll					
Date x Sept 9 101					
NOTE: Signatures of all the inventors or assignees of record of the entire interest of forms if more than one signature is required, see below.	or their representative(s) are required. Submit multiple				
☑ Total of4forms are submitted.					

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Onlet Information Officer, U.S. Patent and Trademark Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please type a plus sign (+) inside this box

PTD/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid DMB control number.

#### **POWER OF ATTORNEY OR AUTHORIZATION OF AGENT**

Application Number	09/830,193
Filing Date	April 23, 2001
First Named Inventor	HUNER, Norman
Group Art Unit	
Examiner Name	
Attorney Docket Number	P05147US0

I hereby appoir	nti				
Practition	ers at Customer Number	22885	<b>□</b>	Place Customer  Number Bar Code  Label here	
	er(s) named below:				
	Name		Regis	tration Number	
ļ			}		
			-		
			<del>-)</del>		
as my/our attorn business in the	ley(s) or agent(s) to prosecu United States Patent and Tr	ite the application ademark Office co	identified abovennected there	re, and to transact all with.	
	ne correspondence address mentioned Customer Numbe		itified applicati	on to:	
OR					
Firm or					
Individual Na Address	me				
Address					
City			State	} Zip }	
Country					
Telephone	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Fax {		
I am the:  Applican	t/inventor.				
	e of record of the entire inter nt under 37 CFR 3.73(b) is a				
	SIGNATURE of	Applicant or Assig	nee of Record		
Name	Alexander Ivanov				
Signature	x Proce	<del>o</del> v			
Date	12/21				
NOTE: Signatures of all	the inventors or assignees of reco	ord of the entire interes	t or their represe	ntative(s) are required. Submit multiple	
☑ Total of4	forms are submitted.				

Burden Hour Stamment: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, Washington, OC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.





Please hope a plus mon (+) inside this box -

PTG/88481 (10-70)

U.S. Palem and Trademan Omes; U.S. DEPARTMENT OF COMMERCE

Under this Paperson's Reduction Act of 1986, no persons are required to respond to a collection of intermitation unless it sixtley is valid QME contest number,

### POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/830,193
FDing Date	April 23, 2001
First Named Investor	HUNER, Norman
Group An Unit	
Ezaminer Name	
Anomey Docker Number	P05147US0

I hereby appoi	nt	Prace Customer	
Practition OR	ners at Customer Number 22885	Number Bar Code Label Nera	
	er(s) named below:	The Name of Name of State of S	
	Name	Registration Number	
	And the second s		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all			
out ni sania	ney(s) or agent(s) to protective me application. United States Patent and Trademark Office of	annetied inerewith.	
Piease change the correspondence address for the above-identified application to:			
The above-	mentioned Customer Number.	•	
OR			
Firm or Individual Na	arne		
Address		<u> </u>	
Address		State Zip	
City		Sold	
Country		Fax	
Telephone		) . 42	
) em the:			
Applicant/invantor.			
Assigned	o of record of the entire interest. See 37 CFR	3.71.	
Siateme	nt under 37 CFR 3.73(b) is enclosed. (Form F	PTO(\$B(85).	
	SIGNATURE of Applicant or Assig		
		the second of th	
Name	Sarhan Fathey		
Signature	x f. Same	100	
Date	2 21 510.505		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Bubmit multiple forms if more than one signature is required, see below			
El Total of 4 toms are submitted.			
to the land of the land of the same to complete Time will your depending upon the news of the landwise land. Any throughts to			

Burcon Hour Statement: This form is estimated to take I minuted to complete. Time will vary depending upon the needed of the Individual tipes. Any comments on the emount of time: you are required to complete that form should be sent to the Chief Information Offices. U.S. Falsed and Trademark Offices, DE 20231, DO NOT BEND FEES OR COMPLETED FORMS TO THIS ADDRESS, GEND TO: Assistant Commissional for Potents, Washington, DC 20231.

7